

# ADVANCING PARTNERS & COMMUNITIES SELF-INJECTION OF DMPA-SC LEADS TO IMPROVED CONTINUATION RATES



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## BACKGROUND

Injectable contraceptives are among the most popular family planning options. They are safe, effective, and discreet, but in many countries women in rural and remote communities often travel long distances to reach clinics that offer injectable contraceptives.

Sayana® Press is a lower-dose formula and presentation of the popular injectable contraceptive, Depo-Provera®, and provides three months of safe, effective pregnancy prevention with a single injection. Sayana Press, also known as subcutaneous depot medroxyprogesterone acetate (DMPA-SC), is easy to transport and easy to use with minimal training—ideal for community health workers (CHWs) and for women themselves to administer.

At the request of the Malawi Ministry of Health and USAID/Malawi, FHI 360, through the U.S. Agency for International Development's Advancing Partners & Communities project, conducted a randomized controlled trial comparing continuation rates of women who self-injected DMPA-SC and women who received DMPA-SC from a provider, including CHWs.

## METHODS

FHI 360 conducted a one-year, randomized controlled trial with 731 women who opted into the study after seeking family planning services at six Malawi Ministry of Health clinics or from CHWs, and were at least 18 years old. Women were randomized to receive either DMPA-SC from providers including CHWs, or training on how to self-inject DMPA-SC. Self-injectors were sent home with three doses, whereas women in the provider-administered group were asked to return to the provider for subsequent injections. Quarterly visits were conducted after each reinjection date to assess continuation rates, adverse events, and side effects. Pregnancy was assessed at the last visit. The study used time-to-event methods to compare continuation rates between the groups. In-depth interviews were also conducted with random samples of women in the self-injection group and providers who trained women to self-inject DMPA-SC to understand their experiences, techniques, and recommendations to inform the potential scale-up of this practice.

## RESULTS

Self-administration led to a more than 50 percent increase in continuous DMPA-SC pregnancy protection through 12 months compared to provider-administered injection. There were similar rates of pregnancies, adverse events, and overall side effects observed in the self-administered and provider-administered groups.



In qualitative interviews, we found that both women and providers had positive experiences with self-administered DMPA-SC, mainly because it reduced providers' workloads and saved women time and money. Furthermore, women safely and appropriately stored and disposed of DMPA-SC.

## CONCLUSIONS

We found significantly higher rates of DMPA-SC continuation among women randomized to self-administration compared to those who received the same method from a provider, including CHWs.

The trial provides evidence that CHWs can safely train women to self-inject DMPA-SC and that community-based provision of injectables for self-injection in low-resource settings is safe and feasible.

## RECOMMENDATIONS

Policy makers and donors should strongly consider making self-administration of DMPASC widely available. The findings provide practical information for the rollout of DMPA-SC self-injection. We look forward to sharing more details about this study once the results have been published in a peer-reviewed journal.

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A 12-month open-label randomized controlled trial to evaluate Sayana® Press suitability for at home subcutaneous self-injection procedures in adult women.

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